



UNITY
BENEFIT SERVICES

Flexible Benefit Plan Direct Deposit Authorization

Employee Name: _____

Employee Social Security Number: _____

Employer Name: _____

I hereby authorize Unity Benefit Services, Inc. to initiate credit entries to my:

Checking account or Savings account

indicated below and the depository named below (Depository) to credit the same to such account.

*** Attach your voided check here ***

This authority will remain in full force and effect until Unity Benefit Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unity Benefit Services a reasonable opportunity to act on it.

Signature _____ **Date** _____

Fax toll-free to: 1-877-207-5191